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TITLE OF INVENTION: MAGNETIC FIELD SENSOR AND METHOD FOR OPERATING THE MAGNETIC FIELD SENSOR																
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CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.							2. For printing on the patent front page, list (I) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered parent attorneys or agents. If no name is listed, no name will be printed.									
•	3. ASSIGNEE NAM	ß and	RESIDENCE DAT.	A TO BE	PRINTED O	<u>_</u>		•							-	
PLEASE NOTE: Unless an assignce is identified below, no ussignce dark will appear on the patent. If an assignce is identified below, the document has been fill recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Melexis Technologies SA Bevaix, Switzerland														nas been filed for	r	
	Please check the app	ropriate	assignce category or	categori	ies (will not be	printed on	the patent) :	☐ Ind	ividual 🗹 C	orporatio	n or other n	rivate group	entity	Government	t	
4a. The following fcc(s) are submitted: 4b. Payment of Fcc(s): (Please first reapply any previously paid Issue for State of A check is enclosed.														•		
Publication Fee (No small entity discount permitted)							Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required foo(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-0235 (enclose an extra copy of this form).									
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